

DEPARTMENT OF HEALTH SERVICES

714/744 P STREET
CRAMENTO, CA 95814
(916) 445-6141



April 14, 1983

To: All County Welfare Directors

Letter No. 83-28

COUNTY MEDI-CAL LIAISON CONTACT

This letter is to request that your county provide to the Department of Health Services the name of an individual to contact regarding any information needed on Medi-Cal Operations issues. Such issues include Computer Operations, Share of Cost Card Issuance Problems, SSN Validation, Earnings Clearance and other EDP Operations. The name submitted will be used by our Department as well as by other counties.

Please submit the following information on the attached form.

County:

Name:

Title:

Mailing Address:

Telephone Number:

If you have any questions, please contact Tony Planchon of my staff at (916) 445-1912.

Sincerely,

ORIGINAL SIGNED BY

Jo Ann Wray
Acting Deputy Director
Health Care Policy and
Standards Division

Attachment

cc: Medi-Cal Liaisons
Medi-Cal Program Consultants

MEDI-CAL LIAISON CONTACT

County:

Name:

Title:

Mailing Address:

Telephone Number:

Return Address: Department of Health Services
Eligibility Branch
714 P Street, Room 1692
Sacramento, CA 95814

Attention: Tony Planchon